Wisconsin Department of Commerce

UNDERGROUND TANK SYSTEM RELEASE & LEAK MONITORING FUNCTIONALITY VERIFICATION

Environmental & Regulatory Services Division
Petroleum Products & Tank Bureau
P.O. Box 7837, Madison, WI 53707-7837

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

OWNER INFORMATION	**PROJECT INFORMATION**	**CONTRACTOR INFORMATION**
Customer ID#: Name	Site ID#: Facility ID#: Facility Name	Customer ID#: Contractor Name
Company Name	Site Address	Number and Street
Number and Street	☐City ☐ Village ☐ Town of:	City, State, Zip Code
City, State, Zip Code	County	Contact Person
Telephone Number Fax Number ( ) ( )	Fire Dept. Providing Fire Coverage FDID#	Telephone Number Fax Number ( ) ( )

This form must be used to document testing and servicing of monitoring equipment. A separate verification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with s.Comm 10.625.

Inventory of Equipment Tested/Verified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank Reg Obj. #_____ ❑ In-Tank Gauging Probe. Model: _____ ❑ Annular Space or Vault Sensor. Model: _____ ❑ Piping Sump / Trench Sensor(s). Model: _____ ❑ Mechanical Line Leak Detector. Model: _____ ❑ Electronic Line Leak Detector. Model: _____ ❑ Tank Overfill / High-Level Sensor. Model: _____ ❑ Other (specify equipment type / model in comment section below). ❑ Spill bucket is functional	**Tank Reg Obj #** _____ ❑ In-Tank Gauging Probe. Model: _____ ❑ Annular Space or Vault Sensor. Model: _____ ❑ Piping Sump / Trench Sensor(s). Model: _____ ❑ Mechanical Line Leak Detector. Model: _____ ❑ Electronic Line Leak Detector. Model: _____ ❑ Tank Overfill / High-Level Sensor. Model: _____ ❑ Other (specify equipment type / model in comment section below). ❑ Spill bucket is functional
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Dispenser ID: _____ ❑ Dispenser Containment Sensor(s). Model: _____ ❑ Shear Valve(s) properly anchored & operational ❑ Dispenser Containment	**Dispenser ID**: _____ ❑ Dispenser Containment Sensor(s). Model: _____ ❑ Shear Valve(s) properly anchored & operational ❑ Dispenser Containment
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.	

*** In Section below, describe how and when these deficiencies were or will be corrected.**

Comments:_____

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Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

❑ Yes	❑ No*	Is the audible alarm operational and functional?
❑ Yes	❑ No*	Is the visual alarm operational and functional?
❑ Yes	❑ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
❑ Yes	❑ No*	Are all sensors installed at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?
❑ Yes	❑ No* ❑ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
❑ Yes	❑ No* ❑ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* Sump/Trench Sensors; Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? Yes; No.
❑ Yes	❑ No* ❑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____%
❑ Yes*	❑ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section below.
❑ Yes*	❑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply);* Product; Water. If yes, describe causes in Section E, below.
❑ Yes	❑ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
❑ Yes	❑ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section below, describe how and when these deficiencies were or will be corrected.**

Comments _____

In-Tank Gauging / SIR Equipment: ❑ Check this box if tank gauging is used only for inventory control.
❑ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

❑ Yes	❑ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
❑ Yes	❑ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
❑ Yes	❑ No*	Was accuracy of system product level readings tested?
❑ Yes	❑ No*	Was accuracy of system water level readings tested?
❑ Yes	❑ No*	Were all probes reinstalled properly and verified as operational?
❑ Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section below, describe how and when these deficiencies were or will be corrected.**

Comments _____

Line Leak Detectors (LLD): ❑ Check this box if LLDs <u>are not</u> installed.

Complete the following checklist:

❑ Yes	❑ No* ❑ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ❑ 3 g.p.h.; ❑ 0.1 g.p.h ; ❑ 0.2 g.p.h.
❑ Yes	❑ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
❑ Yes	❑ No*	Was the testing apparatus properly calibrated? Make/Model:
❑ Yes	❑ No* ❑ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak? (Leak Rate = _____gph)
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak? (Leak Rate = _____gph)
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
❑ Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section below, describe how and when these deficiencies were or will be corrected.**

Comments: _____

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Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Verification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*:

System set-up Alarm history report

Technician Name (print): _____ Signature: _____

Date of Testing/Servicing: ____/____/____

Provide Plot Plan/Facility Layout or Attach Drawing to Checklist